

Update DEERS for Life Event Changes

The Defense Enrollment Eligibility Reporting System (DEERS) is the database for all active duty and retired service members worldwide, their family members and others who are eligible for military benefits, including TRICARE. The Department of Defense uses the information in your DEERS record to determine your eligibility for TRICARE benefits and programs, as well as your TRICARE region.

TRICARE Overseas Program (TOP) Standard eligibility is shown in DEERS when your records are up to date. Keeping your DEERS information accurate helps make sure you can access TRICARE benefits, including doctors' appointments, medications and reimbursements, when you need to.

Remember to check your DEERS information regularly, especially when you have a life-changing event such as moving, getting married, getting divorced or having a child. Only sponsors (or sponsor-appointed individuals with valid power of attorney) can add family members in DEERS. For more information, visit www.tricare.mil/DEERS.

Register New Spouses and Children in DEERS

It is extremely important for sponsors to register new spouses and children in DEERS to ensure TRICARE eligibility. To register a new spouse or child in DEERS, the sponsor needs to provide a copy of the marriage or birth certificate to the nearest uniformed services identification (ID) card-issuing facility (or DEERS representative in remote locations). To find an ID card-issuing facility, visit www.dmdc.mil/rsl. New spouses and children are also required to show two forms of ID (e.g., any combination of Social Security card, driver's license, birth certificate, current uniformed services ID card or Common Access Card [CAC]). Once spouses and children are registered in DEERS, they may receive uniformed services ID cards and are eligible for TOP Standard.



Overseas, children are automatically covered as TOP Prime or TOP Prime Remote beneficiaries for the first 120 days after birth or adoption as long as one other family member is enrolled in TOP Prime or TOP Prime Remote. You must register your child in DEERS and then enroll your child in TOP Prime within 120 days after your child's birth or adoption to ensure that your child has continuous coverage. Eligible children who are not enrolled in a TOP Prime option are covered under TOP Standard.

If your newborn or adopted child is not registered in DEERS within one year after the date of birth or adoption, DEERS shows "loss of eligibility," and the child is no longer TRICARE-eligible until registered in DEERS.

When there is a change in information, each family member's DEERS record must be updated separately. Family members age 18 and older may update their own contact information. To extend benefits for a college student beyond age 21, the sponsor must contact the local ID card-issuing facility to verify what documentation is needed. To find your local ID card-issuing facility, visit www.dmdc.mil/rsl. ★



An Important Note About TRICARE Program Information: At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

TRICARE Covered Services and Exclusions Overseas

TRICARE Overseas Program (TOP) Standard is similar to a fee-for-service health care option and is available to eligible non-active duty service members living overseas. TOP Standard works like the stateside TRICARE Standard program with similar benefits, requirements and costs. If you show as eligible in the Defense Enrollment Eligibility Reporting System (DEERS) and you are not already enrolled in TOP Prime or TOP Prime Remote, then you will be automatically covered by TOP Standard (no enrollment required). With TOP Standard, you manage your own health

care and may generally seek care from any host nation provider for covered services without a referral. However, certain services, including inpatient nonemergency behavioral health care, always require prior authorization.

There are also some health care services that are covered by TRICARE only within the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), but are not covered overseas. ★

Services Not Covered by TRICARE Overseas Program

Skilled nursing facility care	Skilled nursing services; meals (including special diets); physical, occupational and speech therapy; drugs furnished by the facility; and necessary medical supplies and appliances
Home health care services	Part-time and intermittent skilled nursing services and home health care services for those confined to the home
Hospice care	Emphasizes supportive services, rather than cure-oriented treatment, for patients with life expectancies of six months or less

Services Requiring Prior Authorization

As a TRICARE Overseas Program (TOP) Standard beneficiary, you may generally seek care from any host nation provider for covered services without a referral. However, certain services always require prior authorization. A prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. Prior authorizations must be obtained **before** services are rendered or within 24 hours or on the next business day following emergency admissions. It is important to be aware of the services that require prior authorization; some examples include:

- Adjunctive dental care
- Nonemergency inpatient behavioral health care admissions
- Continued stay for inpatient admissions due to psychiatric emergencies
- Outpatient behavioral health care visits for medically diagnosed and covered conditions that exceed the first eight visits in a fiscal year (Oct. 1–Sept. 30)

- Partial hospitalization treatment
- Psychoanalysis, which is a type of behavioral health care
- Residential treatment center care, which provides extended care for children and adolescents with psychological disorders that require continued treatment in a therapeutic environment
- Some prescription medications
- Treatment for substance use disorders

This list is **not** all-inclusive, and each overseas area may have additional prior-authorization requirements. Contact your TOP Regional Call Center to learn about requirements in your area, as they may change. For contact information, see the *TRICARE Overseas Program Contact Information* section in this issue. ★

TRICARE Infertility Treatment Limitations

TRICARE strongly encourages you to seek appropriate medical care if you are pregnant or anticipate becoming pregnant. Although TRICARE provides comprehensive maternity coverage, it does not cover all services and supplies related to infertility treatment.

Generally, assisted reproductive services and noncoital reproductive procedures, including artificial insemination, in vitro fertilization (IVF) and gamete intrafallopian transfer (GIFT), are **not** covered under TRICARE.

However, there are some types of infertility assessment, testing and care that TRICARE may cover **only** when used in conjunction with natural conception, including:

- Services and supplies required in the diagnosis and treatment of illness or injury involving the female or male genital system including correction of any physical cause of infertility. This does **not** include artificial insemination or assisted reproductive technology (ART) procedures, which are not covered.
- Diagnostic services, which may include semen analysis, hormone evaluation, chromosomal studies, immunologic studies, special and sperm function tests, and/or bacteriologic investigation.
- Medically necessary care for erectile dysfunction due to organic causes. (Psychological or psychiatric causes of erectile dysfunction are **not** covered by TRICARE.)

Contact your military treatment facility or TRICARE Overseas Program Regional Call Center for prior authorization before receiving any of these services.

The following services are **not** covered by TRICARE:

- Medications, hormones, lab work and ovulation stimulation used in conjunction with any of the following artificial conception techniques:
 - Artificial insemination including intrauterine insemination and any costs related to donors and semen banks
 - IVF, GIFT, zygote intrafallopian transfer, tubal embryo transfer and all other noncoital reproductive procedures and any related services or supplies
 - Reversal of tubal ligation or vasectomy

Note for wounded, ill and injured service members:

Assisted reproductive services may be available to service members who have sustained serious or severe illness or injury while on active duty that led to the loss of their natural reproductive ability including (but not limited to) those with neurological, physiological and/or anatomical injuries. For more information, visit www.tricare.mil/coveredservices. ★

Aeromedical Evacuations for Urgent and Emergency Care Overseas

TRICARE Overseas Program (TOP) Standard, TRICARE For Life, TRICARE Reserve Select and TRICARE Retired Reserve beneficiaries may access Department of Defense aeromedical evacuation services when medically necessary and on a space-available basis only. TOP Regional Call Centers may assist with identifying

local aeromedical evacuation resources, but are not required to schedule evacuations, coordinate with providers, obtain medical records or coordinate payment. TOP Standard beneficiaries may be required to pay the full cost of civilian medical evacuation services up front (prior to the actual evacuation). ★

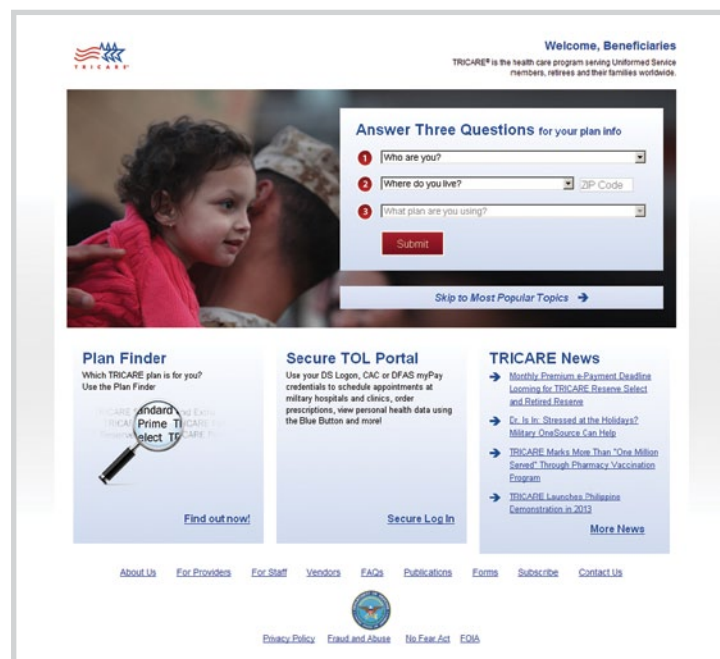


Connect with TRICARE on the Web

TRICARE's website, www.tricare.mil, provides you with a fast, personalized way to get the TRICARE information you need. The site includes a profile entry field and helpful tabs to guide you to the information you are looking for. You can find up-to-date resources regarding TRICARE program costs, benefit changes and enrollment and claims information and other important TRICARE news updates.

The profile-entry feature on the home page prompts you to enter your status, location and TRICARE plan option and then provides you with information specifically tailored to your TRICARE benefit. If you are not sure what your health plan options are, you can use the Plan Finder tool at www.tricare.mil. For information about the TRICARE Overseas Program, visit www.tricare.mil/overseas.

The website includes a "Live Well" section that has information about mental health, getting fit and quitting tobacco. The "Life Events" section gives you critical information about life changes that may affect your TRICARE coverage, such as getting married or having a baby. You can also sign up to receive TRICARE news and publications by e-mail at www.tricare.mil/subscriptions. ★



Health Care Demonstration in the Philippines

On Jan. 1, 2013, TRICARE Management Activity began a demonstration project for TRICARE Overseas Program (TOP) Standard beneficiaries who live in the Philippines and receive care in designated demonstration areas. Within these designated areas, TOP Standard beneficiaries are required to see approved demonstration providers to ensure TRICARE cost-shares their claims, unless they request and receive waivers from the TOP subcontractor, Global 24 Network Services. A phased approach is being used to implement the Philippine Demonstration in multiple locations.

International SOS Assistance, Inc., the TOP contractor, and Global 24 Network Services administer the Philippine Demonstration. TOP Standard beneficiaries who get care from approved demonstration providers will receive quality

health care with lower out-of-pocket costs. Deductibles and cost-shares will still apply. Also, these approved demonstration providers have agreed to file claims with the TOP claims processor on the beneficiary's behalf.

If you travel to the Philippines, live in the Philippines outside of a demonstration area or live in a demonstration area but receive care outside of that area, you must see a certified provider. The Philippine Demonstration does not pertain to pharmacy or dental services. All beneficiaries must continue to use certified pharmacy or dental providers.

Visit www.tricare-overseas.com/philippines.htm for more information and to view the Philippine Approved/Certified Provider list. ★

Enrolling in TRICARE Reserve Select® and TRICARE Retired Reserve®

TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are premium-based worldwide health plans available to qualified members of the Selected Reserve of the Ready Reserve, members of the Retired Reserve, their families and survivors. Overseas, TRS and TRR coverage is similar to TRICARE Overseas Program (TOP) Standard.

To enroll in TRS or TRR, you first need to make sure you qualify. Selected Reserve members may qualify to purchase TRS coverage if they are not eligible for, or enrolled in, the Federal Employees Health Benefits (FEHB) program. Retired Reserve members may qualify to purchase TRR coverage if they are members of the Retired Reserve of a Reserve component who are qualified for non-regular retirement, under age 60 and not eligible for, or enrolled in, the FEHB.

Take the following steps to qualify for TRS or TRR:

1. Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare.
 - To use the Web site, you will need a Department of Defense (DoD) Common Access Card, myPay Login ID or a DoD Self-Service Logon (DS Logon).
 - For more information on signing up for a DS Logon, visit www.dmdc.osd.mil/identitymanagement.
2. Select “Purchase Coverage” and follow the instructions.
 - If you certify that you are eligible for or enrolled in FEHB, you do not qualify for and cannot purchase TRS or TRR.
 - If you certify that you are not eligible for or enrolled in FEHB, you will be guided through the process of selecting a start date and electing which family members you want covered.

3. Print and sign the completed *Reserve Component Health Coverage Request* form (*DD Form 2896-1*).¹ Those who do not qualify will not be able to complete or print the form.

Sponsors or survivors who qualify to purchase TRS or TRR will be able to proceed to purchasing the plan.

Mail the completed and signed *DD Form 2896-1* and the premium payment amount (printed on the form) by the applicable deadline to:

International SOS Assistance, Inc.
TOP TRS/TRR Enrollments
P.O. Box 11689
Philadelphia, PA 19116
USA

Initial enrollments can also be faxed to +1-215-354-5015.

Two months of premium payments are required when initially purchasing TRS or TRR. Payment may be made with a personal check, cashier’s check, money order or credit/debit card (i.e., Visa/MasterCard). After the initial payment, all monthly premium payments must be made by either automated electronic funds transfer (EFT) or automated credit/debit card (i.e., Visa/MasterCard) payment. Contact your TOP regional contractor to set up your automated payments. For contact information, see the *TRICARE Overseas Program Contact Information* section in this issue. Payments are due no later than the last day of each month and are applied to the following month’s coverage. Do not miss payment due dates. Failure to pay will result in a suspension or termination of coverage. ★

1. If you experience a technical problem, contact the DMDC Support Center at 1-800-477-8227.

TRICARE Standard Health Matters



TRICARE For Life Covers Medicare-Eligible Beneficiaries

If you are entitled to Medicare Part A due to age or another reason, you must generally have Medicare Part B to keep your TRICARE benefit, even though Medicare does not cover overseas care. This is a requirement based on federal law governing these programs. If you are eligible for TRICARE and have Medicare Part A and Medicare Part B, you are automatically covered by TRICARE For Life (TFL).

Medicare covers health care received in the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). In these locations, Medicare pays first and TFL pays second; however, TFL pays last if you have other health insurance (OHI). Medicare also pays before TRICARE when TFL beneficiaries receive care on ships in territorial waters adjoining the land areas of the United States and U.S. territories. For more information, visit www.tricare.mil/tfl.

Because Medicare does not cover overseas health care outside of the United States and U.S. territories, overseas TFL works like TRICARE Overseas Program (TOP) Standard for retirees with the same annual deductible and cost-shares. To seek reimbursement for overseas care, submit a paper claim, a copy of your provider's itemized bill with a diagnosis narrative, proof of payment and, if applicable, your OHI's explanation of benefits to the TOP claims processor. For more information, visit www.tricare-overseas.com or contact your TOP Regional Call Center. ★

TRICARE OVERSEAS PROGRAM CONTACT INFORMATION

International SOS Assistance, Inc.

www.tricare-overseas.com

Eurasia-Africa

TOP Regional Call Center¹

+44-20-8762-8384 (overseas)

1-877-678-1207 (stateside)

tricarelon@internationalsos.com

Medical Assistance¹

+44-20-8762-8133

Latin America and Canada

TOP Regional Call Center¹

+1-215-942-8393 (overseas)

1-877-451-8659 (stateside)

tricarephl@internationalsos.com

Medical Assistance¹

+1-215-942-8320

Pacific

TOP Regional Call Centers¹

Singapore:

+65-6339-2676 (overseas)

1-877-678-1208 (stateside)

sin.tricare@internationalsos.com

Sydney:

+61-2-9273-2710 (overseas)

1-877-678-1209 (stateside)

sydricare@internationalsos.com

Medical Assistance¹

Singapore: +65-6338-9277

Sydney: +61-2-9273-2760

1. For toll-free contact information, visit www.tricare-overseas.com. Only call Medical Assistance numbers to coordinate overseas emergency care.